	Attorney Docket No.	**10113401**
UTILITY PATENT APPLICATION TRANSMITTAL	First Inventor	**Kaan-Lu TZOU**
	Title	**METHOD FOR PREVENTING CONTACT DEFECTS IN INTERLAYER DIELECTRIC LAYER**
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	**ER 499 332 302 US**

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

APPLICATION ELEMENTS

1. _X_ Fee Transmittal Form
    (Submit an original and a duplicate for fee processing)
2. ___ Applicant claims small entity status.
    See 37 CFR 1.27.
3. _X_ Specification [Total Pages:_12_]
4. _X_ Drawing(s) (35 U.S.C. 113) [Total Sheets:_4_]
5. _X_ Oath or Declaration [Total Pages:_3_]
    a. _X_ Newly executed (original or copy)
    b. ___ Copy from a prior application (37 CFR 1.63(d))
        (for continuation/divisional with Box 18 completed)
        i. ___ DELETION OF INVENTOR(S)
            Signed statement attached deleting inventor(s) name in the prior
            application, see 37 CFR 1.63(d)(2) and 1.33(b).
    c. _X_ Combined with Power of Attorney
6. ___ Application Data Sheet.
    See 37 CFR 1.76
7. ___ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ___ Nucleotide and/or Amino Acid Sequence Submission
    (if applicable, all necessary)
    a. ___ Computer Readable Form (CRF)
    b. ___ Specification Sequence Listing on:
        i. ___ CD-ROM or CD-R (2 copies); or
        ii. ___ Paper
    c. ___ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. _X_ Assignment Papers (cover sheet & document(s))
10. ___ 37 CFR 3.73(b) Statement (when there is an assignee)
    a. ___ Power of Attorney
11. ___ English Translation Document (if applicable)
12. ___ Information Disclosure Statement (IDS)/PTO-1449
    a. ___ Copies of IDS Citations
13. ___ Preliminary Amendment
14. _X_ Return Receipt Postcard (MPEP 503)
    (Should be specifically itemized)

QUINTERO LAW OFFICE
Modified Form PTO/SB/05 (08-03) Rev 02
P103058NAQ

15. _X_ Certified Copy of Priority Document(s)
   (if foreign priority is claimed)
16. ___ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
   Applicant must attach form PTO/SB/35 or its equivalent.
17. ___ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

This application is a	*Prior application information*
___ Continuation	Examiner:
___ Divisional	
___ Continuation-in-part (CIP)	Art Unit:
of prior application No.:	

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS

Customer Number: **34,283**

Dated: **December 4, 2003**

Nelson A. Quintero
Registration No. 52,143
Customer No. 34,283

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Telephone: 310-401-6180

	Attorney Docket No.	**10113401**
PATENT APPLICATION FEE TRANSMITTAL	First Inventor	**Kaan-Lu TZOU**
	Title	**METHOD FOR PREVENTING CONTACT DEFECTS IN INTERLAYER DIELECTRIC LAYER**
	Express Mail Label No.	**ER 499 332 302 US**

1. **Assertion of Small Entity Status**

    ___ Applicant claims small entity status. 37 C.F.R. § 1.27.

2. **Filing Fee Calculation**

A. __X__ Utility filing fee

BASIC FEE AND EXTRA CLAIMS FEES

	Number filed		Number Extra		Rate (SE/LE)	Basic Fee 37 C.F.R. § 1.16(a)
						$ **770**
Total Claims (37 C.F.R. 1.16(c))	17	-20 =	0	x	9/18	$ **0**
Independent Claims (37 C.F.R. 1.16(b))	2	-3 =	0	x	43/86	$ **0**
Multiple Dependent Claim(s) (37 C.F.R. 1.16(d))				+	145/290	$

Filing Fee Calculation $ ___**770**___

B. ____ Design filing fee   Filing Fee Calculation $ _____

C. ____ Provisional filing fee   Filing Fee Calculation $ _____

3. **Fee Payment Being Made at This Time**

    __X__ Filing Fee $ _____**770**

    __X__ Recording assignment (37 C.F.R. 1.21(h)) $ _____**40**

    ____ Other fee: $ _____

    TOTAL AMOUNT OF PAYMENT $ _____**810**

4. **Method of Payment of Fees**
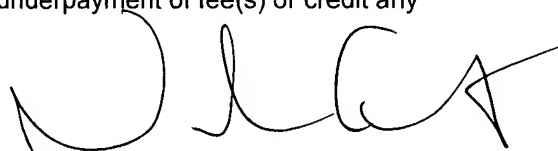
    ____ Check

    __X__ Deposit Account No. 502447 (Name: Nelson A. Quintero). The director is authorized to:

        __X__ Charge the fee(s) indicated above.

        __X__ Charge any additional fee(s) or underpayment of fee(s) or credit any overpayments(s).

Dated: **December 4, 2003**

Nelson A. Quintero
Registration No. 52,143
Customer No. 34,283
Telephone: 310-401-6180